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## Two-Year Retroactive Study of G6 Transscleral Cyclophotocoagulation as a Secondary Poag Treatment

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### **Purpose**

We observed and quantified the efficacy of IOP reduction in patients at Cook County Hospital with poorly controlled POAG when using micropulse cyclophotocoagulation as a second line therapy.

### **Methods**

A retroactive chart review following 27 patients (34 total eyes) at Cook County Hospital from 2015 to 2017 with poor medically controlled POAG was conducted on patients that were specifically treated with MCP photocoagulation as a second-line therapy for IOP reduction/stabilization. IOP values were recorded in the following intervals: Pre-operative, 1 day, 1 month, 3 months, 6 months, and 1 year. Patients that needed additional surgical intervention after the G6 procedure were denoted. The average IOP and the average percentage IOP drop was calculated for each interval. An unequal variance two-tailed t-test was conducted for each interval after the procedure and compared to the pre-op value.

### **Results**

Mean IOP of all 27 POAG patients after MCP dropped 36% to 50% (23.7mmHg pre-op to 12-15mmHg) in all subsequent time intervals. Time interval data points varied (n=5 to 32) but IOP was still statistically significant ( $p<0.05$ ) for all time intervals. 4/27 patients needed an additional MCP procedure. Mean IOP for these patients dropped 27% to 40% (26.3mmHg pre-op to 16-19mmHg) for all time intervals. Time interval data points varied (n=1 to 8). At one month and three months, the results were statistically significant ( $p<0.05$ ) but not at 6 months or 12 months. One patient needed a 3rd MCP procedure. The IOP for this patient dropped 38% (29mmHg pre-op to 18mmHg) at the 3 month interval.

### **Conclusion**

There was a correlation between IOP reduction and the use of the MCP as a second-line therapy in patients. While future studies with different demographics and larger sample sizes may still need to be conducted, this data supports the MCP's potential as a secondary line of therapy.

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